



City of Statesboro

P.O. Box 348
Statesboro, Ga. 30459

www.statesboroga.gov

(912)764-5468
(912)764-4691(Fax)

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

DATE OF APPLICATION _____

TYPE OF BUSINESS TO BE OPERATED:

_____ RETAIL BEER & WINE PACKAGED ONLY	\$1250.00
_____ RETAIL BEER & WINE BY THE DRINK	\$1250.00
_____ MANUFACTURING BEER & WINE	\$1250.00
_____ BEER WINE & LIQUOR BY THE DRINK	\$3750.00
_____ WHOLESALE LICENSE	\$1000.00
_____ APPLICATION FEE – DUE IMMEDIATELY	\$150.00

APPLICANTS FULL NAME _____

OWNERS NAME _____

DBA(BUSINESS NAME) _____

CHECK THE TYPE OF ALCOHOL LICENSE YOU ARE APPLYING FOR:

RESTAURANT _____ SPORTS RESTAURANT _____ PRIVATE CLUB _____ PACKAGE _____
MANUFACTURING _____

BUSINESS ADDRESS _____

BUSINESS MAILING NAME _____

BUSINESS TELEPHONE # _____

APPLICANTS HOME ADDRESS _____

APPLICANTS HOME PHONE # _____

APPLICANTS AGE _____ DATE OF BIRTH _____ SS# _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ YES _____ NO

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING? _____ YES _____ NO

IF YES, WHEN AND WHY _____

IS THE APPLICANT THE OWNER OF THE BUSINESS? _____ YES _____ NO

IF NO, WHAT IS YOUR TITLE IN THE BUSINESS? _____

HOW MANY PARTNERS, SHAREHOLDERS, ETC. ARE INVOLVED IN THE BUSINESS _____

PLEASE LIST BELOW:

_____	_____
_____	_____
_____	_____

IN ACCORDANCE WITH SEC. 6-29(e) OF THE CITY OF STATESBORO ALCOHOL ORDINANCE A LICENSEE SHALL HAVE, AND CONTINUOUSLY MAINTAIN, AS A REGISTERED AGENT, A RESIDENT OF THE COUNTY UPON WHOM MAY BE SERVED, ANY PROCESS, NOTICE OR DEMAND REQUIRED OR PERMITTED BY LAW OR UNDER THIS CHAPTER TO BE SERVED UPON THE LICENSEE OR OWNER.

THIS REGISTERED AGENT MUST BE AT LEAST 21 YEARS OF AGE.

THIS SECTION WAS ADOPTED ON MAY 4, 2010.

NAME(REGISTERED AGENT)

ADDRESS

PHONE NUMBER

STATEMENT OF APPLICANT

"I DO SOLEMNLY SWEAR THAT I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ON THIS APPLICATION; AND UNDERSTAND IF I HAVE BEEN UNTRUTHFUL IT WILL RESULT IN DENIAL OF MY LICENSE."

IF MY APPLICATION IS APPROVED, I CERTIFY (PLEASE INITIAL EACH ONE)

- A. I HAVE RECEIVED A COPY OF THE ALCOHOL ORDINANCE. I UNDERSTAND THAT NO LICENSE WILL BE ISSUED UNTIL I HAVE RECEIVED A COPY OF THIS ORDINANCE._____
- B. I WILL ABIDE BY THE CITY OF STATESBORO ALCOHOL ORDINANCE_____
- C. I UNDERSTAND ANY LICENSE GRANTED TO ME IS NOT TRANSFERABLE_____
- D. I WILL ALLOW MY BUSINESS PREMISES TO BE OPEN TO INSPECTION AT ANY REASONABLE TIME BY CITY OFFICIALS AUTHORIZED TO CONDUCT INSPECTION OF BUSINESS PREMISES_____
- E. I UNDERSTAND THAT NO LICENSE WILL BE PROCESSED OR ISSUED UNTIL ALL FEES ARE PAID WITH THE TAX CLERK_____
- F. I HAVE COMPLETED THE ATTACHED CONSENT FORM AND UNDERSTAND IT AUTHORIZES THE CITY OF STATESBORO THE RIGHT TO CHECK MY BACKGROUND_____
- G. I UNDERSTAND THAT I WILL NOT BE GRANTED A LICENSE UNTIL I HAVE PRESENTED A COPY OF MY CITY/STATE CERTIFICATE OF OCCUPANCY_____
- H. I UNDERSTAND IF I AM APPLYING FOR AN ON-PREMISE CONSUMPTION ALCOHOL LICENSE, THAT I WILL NOT BE ISSUED AN ALCOHOL LICENSE UNTIL THE CONDITIONS LISTED ON PAGE 4 OF THIS APPLICATION HAVE BEEN MET_____

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE MY THIS _____ DAY OF _____, _____

NOTARY PUBLIC

ON PREMISE CONSUMPTION ALCOHOL LICENSES WILL BE APPROVED SUBJECT TO THE APPLICANT COMPLETING THE FOLLOWING CONDITIONS **PRIOR** TO BEING ISSUED BY THE CITY CLERK.

1. THE APPLICANT MUST OBTAIN AN OCCUPATIONAL TAX CERTIFICATE (BUSINESS LICENSE) FOR THE LICENSED PREMISES.
2. THE APPLICANT MUST HAVE THE PREMISES INSPECTED BY THE CITY'S FIRE OFFICIAL AND CORRECT ANY DEFICIENCIES REGARDING THE FIRE CODE AND LIFE SAFETY CODE.
3. THE APPLICANT MUST HAVE THE BULLOCH COUNTY HEALTH DEPARTMENT INSPECT THE PREMISES AND ISSUE A FOOD SERVICE PERMIT.
4. THE APPLICANT MUST OBTAIN A BUILDING PERMIT AND MAKE ALL RENOVATIONS NECESSARY TO BRING THE BUILDING UP TO CODE AND HAVE THE PREMISES INSPECTED REGARDING COMPLIANCE.
5. THE APPLICANT MUST RECEIVE A CERTIFICATE OF OCCUPANCY FROM THE CHIEF BUILDING OFFICIAL EVIDENCING THAT ALL RENOVATIONS HAVE BEEN MADE ACCORDING TO BUILDING, ELECTRICAL, PLUMBING AND MECHANICAL CODES.
6. THE CHIEF BUILDING OFFICIAL, FIRE OFFICIAL AND THE DIRECTOR OF COMMUNITY DEVELOPMENT MUST ESTABLISH THE ALLOWED OCCUPANCY LOAD AND THE ACTUAL AVAILABLE PARKING THAT IS HARD-SURFACED (PAVED OR CONCRETE) WITH THE INDIVIDUAL SPACES PAINTED.

GAPS Applicant Registration

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

SUFFIX: _____ JR _____ SR _____ II _____ III _____ IV

DATE OF BIRTH: _____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ SEX _____ MALE _____ FEMALE

RACE: _____ ASIAN/PACIFIC ISLANDER _____ BLACK _____ AMERICAN INDIAN/ALASKAN
_____ WHITE (INCLUDE MEXICANS & LATINOS)

EYE COLOR: _____ BLACK _____ BLUE _____ BROWN _____ GREEN _____ GREY _____ MAROON
_____ MULTI-COLORED _____ PINK

HAIR COLOR: _____ BLACK _____ BLONDE _____ BLUE _____ BROWN _____ GREY _____ ORANGE
_____ PURPLE _____ PINK _____ RED _____ SANDY _____ WHITE

HEIGHT: _____ WEIGHT: _____ COUNTRY OF CITIZENSHIP: _____

DRIVERS LICENSE NUMBER: _____ DRIVERS LICENSE STATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____

REASON FOR FINGERPRINTING:

_____ ALCOHOL/LIQUOR LICENSE _____ BONDSMAN _____ WRECKER/TOWING _____ VEHICLE FOR HIRE

_____ BILLIARD LICENSE _____ MASSAGE THERAPY _____ PAWN SHOP _____ ADULT ENTERTAINMENT

CITY OF STATESBORO

CONSENT FORM

I AM AUTHORIZING THE CITY OF STATESBORO TO CONDUCT A BACKGROUND CRIMINAL HISTORY RECORD CHECK.

I HEREBY AGREE THE CITY OF STATESBORO, THE GEORGIA CRIME INFORMATION CENTER, THE EMPLOYEES OF EITHER AGENCY, OR THE EMPLOYEES OF ANY OTHER AGENCY OF THE FEDERAL, STATE, AND LOCAL AGENCIES, SHALL NOT BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION GIVEN OR HAVE ANY LIABILITY FOR DEFAMATION, INVASION OF PRIVACY, NEGLIGENCE OR ANY OTHER CLAIM IN CONNECTION WITH ANY DISSEMINATION OF INFORMATION PURSUANT TO THIS RECORD CHECK.

FULL NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

SSN_____DATE OF BIRTH_____

PLACE OF BIRTH_____

SEX_____RACE_____HGT_____WGT_____EYES_____HAIR_____

DATE

SIGNATURE

NOTARY PUBLIC

COGENT SYSTEMS
GEORGIA APPLICANT PROCESSING SERVICES(GAPS)

ACKNOWLEDGEMENT

I AUTHORIZE COGENT SYSTEMS, INC. TO CONDUCT A FINGERPRINT BASED CRIMINAL HISTORY RECORD CHECK OF ME.

I UNDERSTAND THAT COGENT SYSTEMS, INC. WILL SEND MY FINGERPRINTS TO THE GEORGIA CRIME INFORMATION CENTER FOR A SEARCH OF CRIMINAL HISTORY INFORMATION IN ITS FILES AND TO THE FEDERAL BUREAU OF INVESTIGATION FOR A SEARCH OF ITS FILES WHEN A FEDERAL RECORD CHECK IS SO AUTHORIZED.

I UNDERSTAND THAT THE ELECTRONIC RESULTS OF THIS FINGERPRINT CHECK WILL BE RECEIVED BY COGENT SYSTEMS, INC. AND FORWARDED TO THE AGENCY RESPONSIBLE FOR DETERMINING MY SUITABILITY FOR THE POSITION FOR WHICH I HAVE APPLIED.

I FURTHER UNDERSTAND THAT COGENT SYSTEMS, INC. WILL NOT MAINTAIN A COPY OF MY RECORD AND THAT COGENT SYSTEMS, INC. MEETS ALL CONFIDENTIALITY AND SECURITY REQUIREMENTS FOR HANDLING AND DISSEMINATION OF STATE AND FEDERAL CRIMINAL HISTORY RECORD INFORMATION.

BY:_____

DATE:_____